

APPENDIX 3

GRANTS MANAGEMENT SPECIALIST CHECKLIST CONSTRUCTION/MODERNIZATION GRANT OR COOPERATIVE AGREEMENT OR MAJOR A&R PROJECT

Grant Number _____
Principal Investigator _____
Organization _____
Project Engineer _____
Grants Management Specialist _____
Program Official _____

PRE-AWARD

1. Construction/Modernization/A&R Status assessed and acceptable for award?
Yes_____ No_____
2. Does this application overlap with any other Federal or non-Federal effort and/or support? Yes_____ No_____
- If "Yes," provide grant number and attach or include an explanation regarding the resolution of overlap.
3. State Single Point of Contact comments in file?
Yes_____ No_____ NA_____
4. Construction/Modernization/Major A&R assurances in file?
Yes_____ No_____
5. National Environmental Policy Act (NEPA) requirements met? (check with program official) Yes_____ No_____ N/A_____
6. Copy of the public disclosure received? Yes_____ No_____ N/A_____
7. Historic preservation requirements met? Yes_____ No_____ N/A_____
8. Updated matching funds documentation received?
Yes_____ Dated_____ No_____ N/A_____
9. Satisfactory evidence provided to ensure the availability of funds for the operation of the facility throughout the usage period? Yes_____ No_____
10. Legal opinion received to ensure sufficient title to site?
Yes_____ No_____

11. Cost data from program's checklist verified and included in terms?

Yes_____ No_____

12. Program income anticipated after the period of grant support?

Yes_____ No_____ N/A_____

If "Yes", do the terms of award address the disposition of program income after the period of grant support?

13. Other

AWARD

Grants Management Recommended Special Terms and Conditions

NoA Issue Date _____

Signed terms and conditions received?

Yes_____ ☐ Date _____ No_____

POST AWARD

1. Has documentation of the Notice of Federal Interest filing been received?

Yes_____ ☐ Date _____ No_____

2. Project completion date and/or date of expected occupancy _____

CLOSEOUT

1. Actual occupancy date _____
2. Has the title insurance requirement been satisfied?
Yes _____ Date _____ No _____
3. Has the physical destruction insurance requirement been satisfied?
Yes _____ Date _____ No _____
4. Has the final inspection/cost review been completed?
Yes _____ Date _____ No _____
5. Has closeout been completed?
Yes _____ Date _____ No _____

Additional Remarks/Actions

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